

Yuma County

Loan Repayment Agreement and Application Form

In accordance with the Yuma County Attorney Loan Repayment Assistance Program Policy (PR-422), you must complete this Attorney Loan Repayment Agreement and Application Form and obtain the approval of the Public Defender, Legal Defender or County Attorney and Human Resources Department to be reimbursed. This form must be submitted for participation in the program no later than the last day of the first month of the first quarter to be reimbursed. Information of the Attorney Loan Repayment Policy is also available on-line <http://www.yumacountyaz.gov>

I understand that submission of this form does not guarantee Attorney Loan Repayment reimbursement of up to \$1,500.00 per quarter and that any reimbursement is subject to appropriation limits described in PR-422. I am responsible for full payment of all tuition to the institution or course provided. I agree to report any change in my eligibility for this program within 30 days of such change. I understand that benefits paid under this loan reimbursement program are taxable income and any tax liability associated with these benefits, are my obligation.

Initial Application Date: _____

Employee Name (print): _____ Department: _____

Contact Phone#: _____ E-mail Address: _____

☐ I have attached documentation showing that each loan was for education purposes only.

Original principal loan amount: _____ . Amount of debt remaining on loan: _____ .

Lender Name: _____

Address: _____

Phone #: _____ . Account #: _____

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Address: _____

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My signature below confirms that I have read and understand PR-422 requirements, certifies that the requirements noted under D. 6 & 7 dealing with other sources of reimbursement, forgiveness or cancellation have been met and hereby apply for Attorney Loan Repayment reimbursement. I also understand that this Attorney Loan Repayment Agreement and Application does not create a contract of employment between me and Yuma County.

Employee Signature: _____ Date: _____

☐ Plan Administrator requests further documentation: _____

OR:

☐ Plan Administrator accepts the attached documentation.

Plan Administrator Signature:	Date:
Human Resources Signature:	Date: